

Provider # _____

Program Code: _____

GOOD CAUSE CERTIFICATION

Service Function Code: _____

COUNTY USE ONLY

_____. County requests a waiver of the one month Drug/Medi-Cal billing limitation for the late claim entries on the attached:

☐ ADP 1584 form(s)☐ Error Correction Report(s) (ECR) for the run date of _____

Enter the seven digit claim I.D. # (the number preceded by the letter 'D' for manual claims or 'A' for tape submissions) and the line # of the claim to be affixed with a good cause code in the spaces below.

CLAIM I.D. No.	LINE No.	CLAIM FOR MO/YR	REASON CODE	CLAIM I.D. No.	LINE No.	CLAIM FOR MO/YR	REASON CODE

The boxes checked below (with corresponding alphabetical letter written in the GOOD CAUSE COLUMN of ADP 1584 or the Override Box of the ECR) are the applicable good cause reason(s) as specified in Title 22, Section 51008, for each late claim.

- ☐ A. Patient or legal representative's failure to present Medi-Cal beneficiary identification.
- ☐ B. Billing involving other coverage, including/not limited to Medi-Care, Kaiser, Ross-Loos, or Champus.
- ☐ C. Circumstances beyond the control of the county/provider regarding delay or error in the certification of Medi-Cal eligibility of the beneficiary by the state or county.
This includes retroactive Medi-Cal eligibility.
- ☐ E. Special circumstances that cause a billing delay such as a court decision or fair hearing decision.
- ☐ F. Initiation of legal proceedings to obtain payment of a liable third party pursuant to Section 14115 of the Welfare and Institution Code.

Signature of County Representative

Phone Number

Date

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STATE USE ONLY

- ☐ D. Circumstances beyond the control of the county/provider regarding delays caused by natural disaster and willful acts by an employee, delays in provider certification, or other circumstances that have been reported to the appropriate law enforcement or fire agency when applicable.

I HAVE CHECKED BOX "D" ABOVE AND HEREBY APPROVE THE ATTACHED COUNTY/PROVIDER'S SUBSTANTIATING DOCUMENTATION FOR GOOD CAUSE REASON D

Signature - Fiscal Unit

Date